DECODING THE REFERENCE LETTER: STRATEGIES TO REDUCE UNINTENTIONAL GENDER BIAS IN LETTERS OF RECOMMENDATION

Bethel Mieso, MD; Felipe Perez, MD; Jonathan Barnett, MD; Sean Berquist, MD; Tiffany Otero, MD; S. Emerson Tracy-Abarca, MD; Sumit Bhargava, MD; Peggy Han, MD; Anaid Atasuntseva, PhD; Lahia Yemane, MD, Stanford University/Stanford Medicine

Women make up just over half of all medical school students in the United States.[1] The proportion of women in medical leadership roles, however, is significantly lower, highlighting pervasive gender disparities in medicine.[2] The perpetuation of these disparities is multifactorial but may, in part, be attributed to gender differences in the letter of recommendation (LOR).

Letters of recommendation remain a vital component of a trainee's application throughout their medical training. Letters of recommendation serve as a reference point used to personify and quantify an applicant's clinical acumen and personal strengths when in pursuit of career advancement. Residency and fellowship program directors agree the letter of recommendation is one of the most important, if not the most important factor, in selecting applicants for interviews.[3,4,5] There is evidence to suggest that a strong candidate may be considered less favorable with a poorly crafted LOR and vice versa.[4] When comparing LORs for female and male applicants, literature shows that LORs for male applicants tend to be longer, are more likely to reference their research and accomplishments, and are less likely to have minimal assurance language.[6] This demonstrates the important role of language in crafting LORs. Given that many clerkship directors have not received guidance on how to write a well-crafted letter, we hope that this workshop will be useful for medical professionals writing LORs for trainees and faculty appointments.[4]

In this interactive workshop, presenters will introduce unintentional linguistic bias (focusing on gender) that may exist when writing letters of recommendation, identify biased adjectives and phrases that are commonly used, and provide participants with tools to mitigate bias when writing letters of recommendation. Participants will engage in multiple small group activities which will involve comparing two LORs, reflecting on valued personal characteristics and traits, and utilizing a gender bias calculator tool. These activities will help facilitate thoughtful large group discussions on our values in medicine, the impact of gender bias in LORs, and strategies for reducing gender bias in LORs.

LEAN ON ME, WHEN YOU'RE NOT STRONG: PEER CLINICAL COACHING FOR THE PEDIATRIC TRAINEE

Kristin Sundy-Boyles, MD; Rena Kasick, MD, Nationwide Children's Hospital; Philip Chang, MD, Ohio State University; Timothy Pian, MD, Nationwide Children's Hospital; Charles Redman, MD, Ohio State University and Nationwide Children's Hospital

Coaching in medical education is an effective way to provide individualized education and promote a culture of continual improvement (1). Trainees that participate in coaching report decreased stress and burnout, increased use of evidence-based medicine and improved technical skills (2). Many coaching programs are built to have faculty coaches working with trainees, but coaching is an important skill for trainees to learn as well. In the new ACGME pediatric milestones, 17 of the 22 milestones cite teaching, mentoring, or coaching in the 4^{th} or 5^{th} levels, with most of those specifically mentioning coaching. Peer and near-peer coaching have been shown to be an effective method for feedback, education and technical skill development among faculty and there is emerging literature regarding peer coaching among trainees (3, 4). Participants of trainee peer coaching programs cite increased psychological safety when learning from those at or near their own level of training (5), and studies suggest that peer education on clinical and technical skills is non-inferior to faculty-led programs (6). With the ever-changing landscape of medical practice, no one is more familiar with the skills required of residents than our trainees themselves.

In this interactive workshop, participants will develop a foundation in coaching theory, practice applying these principles to learner scenarios, and consider when and how peers can be effectively employed in the coaching role. To start, we will review the role of a coach and discuss possible levels of coaches including peer, near-peer, and faculty. Participants will have the opportunity to apply this knowledge in small groups to four learner scenarios; to assign the appropriate level of coach and model coaching scripts for each scenario. Using these examples as a launching point, participants will identify the skillset necessary for trainee peer coaches. To finish, small groups will brainstorm how peer coaching may fit into their own residency program to enhance individualized educational experiences and personal-professional development of their trainees. Facilitators will share how peer coaching programs have been implemented in their home programs. At the conclusion of the workshop, participants will receive materials regarding coaching theory alongside learner scenarios with recommended approaches to use for education at their institutions.

THE "CHALK TALK" WORKSHOP

Peggy Guo, MD; William Manning, MD; Lauren Anderson, MD; Jessica Landry, MD; Kyle Pronko, MD, University of Colorado School of Medicine; Gal Barak, MD, M.Ed., Baylor College of Medicine; Ashlie Tseng, MD, Virginia Commonwealth University; Andrew Yu, MD, UT Southwestern Medical Center; Kimberly O'Hara, MD, University of Colorado School of Medicine

The education of learners is a key responsibility of pediatric faculty, and the "chalk talk" is a practical part of the educator's tool kit to increase teaching in the busy clinical setting. "Chalk talks" are interactive, small group lectures where the teacher often has just a writing instrument and surface. This style of talk is an active learning method that provides efficient teaching targeting individual learning goals or relevant clinical topics. Despite this importance, chalk talks are rarely a focus of professional development, which can result in overly broad, lengthy, or disorganized presentations that may be ineffective and leave learners disengaged. Since the COVID-19 pandemic, virtual education has become even more common due to its increased flexibility and accessibility, but it is particularly prone to the aforementioned issues.

Informed by experiential learning, this hands-on workshop aims to provide tools and techniques for the creation and presentation of effective chalk talks delivered in-person and virtually. We will address common challenges and pitfalls in chalk talk development. The workshop will involve active creation, reflection, and practice, culminating in participants gaining the skills and resources for teaching engaging chalk talks at their own institutions.

QI COACHING: HOW TO RAISE THE BAR WITH TRAINEE-LED QI PROJECTS

Kristen Samaddar, MD; Joanna Kramer, DO, MPH; Rick Engel, MD, Phoenix Children's Hospital; Keith Hanson, MD, University of Illinois College of Medicine at Peoria ; Vasu Bhavaraju, MD, Phoenix Children's Hospital; Bhavana Kandikattu, MD, University of Illinois College of Medicine at Peoria ; Merrit ten Hope, DO, Phoenix Children's Hospital; Emma Omoruyi, MD; Jen Hsu, DO, MS, RD, The University of Texas Health Science Center at Houston

Since 2013, the ACGME, through the Clinical Learning Environment Review (CLER), has emphasized the importance of meaningful quality improvement (QI) curricula for residents and fellows.[1, 2] Optimal learning environments engage learners, faculty, and interprofessional teams in projects that address site specific needs.[3] Some QI teams are highly effective and more easily reach their goals while others struggle. Literature shows that barriers to implementing successful trainee QI projects include lack of time, expertise, difficult data acquisition, unclear trainee expectations, and a disconnect between trainee projects and institutional goals.[4,5] This may be compounded for pediatric trainees and faculty at multispecialty institutions where pediatric priorities may differ or even compete with adult services.[6]

The purpose of this workshop is to explore, identify, and develop strategies to promote an effective and productive QI culture within pediatric training programs. The workshop will begin with a reflection on the challenges educational leaders face in implementing a successful QI curriculum. Participants will then move table-to-table to collaborate in small groups to brainstorm solutions to common challenges such as initiating a program-wide QI curriculum within educational time constraints, recruiting and training QI champions, aligning QI work with institutional priorities, and incorporating health equity into quality efforts. Presenters will share successful models of using QI coaches to support faculty and trainees with less experience and review ways to ensure trainees participate in meaningful QI projects either individually, by small group, or class-based. Finally, presenters will share methods to create high functioning QI teams with clear expectations for all team members. Participants will leave with a customized medical educational QI curriculum toolkit they can modify and utilize at their home institutions.

THE AUTONOMY AND SUPERVISION TUG-OF-WAR – NAVIGATING SUPERVISORY RELATIONSHIPS IN RESIDENCY TRAINING

Anna Handorf, MD; Ariel Frey-Vogel, MD, MAT, Massachusetts General Hospital

Navigating autonomy and supervision in medical training is like playing tug-of-war with trainees on one end begging for autonomy, and supervisors on the other end, scrambling for control. As in the classic field day game, this situation causes incredible amounts of tension, which can lead to dysfunction. The irony of this dilemma is that an individual person can flip-flop between sides in the blink of the eye. This binary dynamic of autonomy and supervision is too rigid to adapt to the unique needs of each trainee!

The ACGME has adopted the concept of "progressive independence," based on the Dreyfus Model of Skill Acquisition, which recommends different levels of supervision based on a trainee's stage of training; the idea is to give more supervision to interns and provide progressive independence until senior residents can practice unsupervised. While progressive independence is the foundation of medical education and policy, empirical evidence for its use is lacking. Further, it requires eliminating supervision at an arbitrary point in physician development, playing into the aforementioned tug-of-war phenomenon.

The "The Autonomy and Supervision Tug-of-War – Navigating Supervisory Relationships in Residency Training" workshop will introduce participants to two alternative theories of supervision – the zone of proximal development (ZPD) theory and the cognitive apprenticeship (CA) model, that work synergistically to overcome progressive independence's shortcoming.

By the end of this session, participants will be able to explore the interplay between autonomy and supervision in academic medical training and discuss existing theories of supervision. Further, they will be able to evaluate two models that promote continued, customized supervision, and apply these models to sample cases to practice customized supervision.

VALUES-BASED LEADERSHIP: AN INTENTIONAL APPROACH TO WELL-BEING

Jennifer Duncan, MD; Raquel Cabral, Ph.D, CPH, Washington University School of Medicine; Zuri Hudson, DO; Angela Myers, MD, MPH, Children's Mercy, Kansas City ; Becky Blankenburg, MD, MPH; Hayley Gans, MD, Stanford University

Target Audience: Vice Chairs of Education, Program directors, program leaders, chief residents, and other pediatric educators.

Background: Physician burnout has been a problem for many years and in the past two years has reached concerning levels. Dyrbye et. al have shown an association between leadership behaviors and professional fulfillment and burnout of team members. Additionally, Shanafelt et. al showed an important relationship between a leader's level of burnout and their effectiveness as a leader. Leaders who attend to their own self-care are better role models for their teams. Individuals who are intrinsically motivated through emphasis on connection, autonomy and purpose are also more likely to thrive. Furthermore, increased well-being can be found at the personal and organizational levels when individuals behave in ways that are values-congruent. During this session we will explore key leadership behaviors and values-based actions that promote well-being of team members.

Methods: In this interactive session, we will introduce a framework of well-being centered leadership. We will begin with an activity that focuses on attending to personal well-being and helps individuals rate their well-being and identify their values in four different life domains. Participants will then be introduced to a well-being leadership framework, including behaviors that cultivate team relationships and inspire change. Small groups will brainstorm about actions to foster intrinsic motivation using specific questions in three areas: connection, autonomy and purpose. Finally, the group will be introduced to the concept of using values to drive leadership decisions and how this can foster team trust. Participants will spend time identifying program values that align with their program mission and contemplate how they might take values-focused action during a challenging leadership scenario. Participants will leave the session with new skills to use with trainees to foster their well-being as well as maintain a focus on program values when faced with conflicts or challenges.

DECOLONIZING GLOBAL HEALTH ELECTIVES: CURRICULUM RESOURCES AND TOOLS TO DEVELOP EQUITABLE GLOBAL HEALTH TRAINING

Amy Rule, MD, MPH, Emory School of Medicine ; Reena Tam , MD, University of Utah School of Medicne ; Heather Haq , MD, MPH, Baylor College of Medicine ; Sheridan Langford , MD, University of Louisville School of Medicine; Katherine Donowitz, MD, VCU School of Medicine ; Adelaide Barnes, MD, MED, Children's Hospital of Philadelphia ; Brittany Murray , MD, MPhil, Emory School of Medicine ; Victor Muiisme, MBBS, Makerere University School Of Medicine; Alice Lehman , MD, University of Minnesota ; Jessica Top, MD , University of South Dakota/Avera Health

Global Health (GH) has gained popularity over the past decade among U.S. pediatric trainees and faculty (1-2). Studies show that many trainees base their residency and fellowship choices on global health program offerings (3-5). As a result, curriculum innovation has flourished and resources around GH knowledge, simulation, cultural humility, preparation, and debriefing have been developed and implemented (1-2, 5-7). Pediatric educators have created a myriad of global health training programs to meet this demand. Evaluations have shown the transformative power of GH training experiences in both residency and fellowship (2, 8). However, GH is historically and presently fraught with ethical challenges and systemic biases that have been poorly addressed in U.S.-based GH curricula. Historically, GH evolved from colonial medical systems and missionary medicine closely tied to injustice, white supremacy, and economic and political power. Presently, many academic GH programs in the U.S. continue to rely on unequal partnerships that can perpetuate harm and colonialist tendencies without centering the needs of their partners (9-14). GHEARD (Global Health Education for Equity, Anti-Racism and Decolonization) is an innovative, modular, open-access curriculum, sponsored by the American Academy of Pediatrics, designed to address these gaps in GH education. In this workshop, facilitators will introduce GHEARD and highlight GHEARD activities that can be embedded into pre-departure training, during GH experiences, and debriefing programming for pediatric trainees. In addition to exploring the new curriculum, facilitators will discuss practical tools to aid in implementing GHEARD including facilitator training and incorporation into existing pathways.

RESOURCES FOR ADDRESSING EMOTIONAL HEALTH FOR CHILDREN AND YOUTH WITH CHRONIC CONDITIONS

Carole Lannon, MD, MPH, Cincinnati Childrens/American Board of Pediatrics; Jill Plevinsky, PhD, Childrens Hospital of Philadelphia; Lori Crosby, PsyD, Cincinnati Children's; Kenya McNeal-Trice, MD, University of North Carolina

Navigating a chronic condition as a child, adolescent, or family member is challenging, and can cause stress, altered coping, and lasting impacts on both child and family emotional health. Studies document that children with chronic medical conditions have high rates of comorbid mental health conditions. Yet 65% of pediatricians report needing training in recognizing and treating mental health problems. A recent survey of fellowship graduates indicated that 56% of pediatric fellows were interested in mental health care, and 63% felt their subspecialty should be responsible for addressing emotional concerns of children with chronic medical conditions, but few felt competent to do so.

Developed as part of the American Board of Pediatrics' strategic initiative on mental health, *the Roadmap Project* aims to improve the emotional health of children and youth with chronic conditions and their families. Roadmap has been co-produced with patients, families, clinicians, and psychologists. Roadmap used a 16-month pilot Learning Collaborative with 11 teams from 9 children's hospitals to test resources, develop tools, and refine implementation strategies. Hospital settings included outpatient, inpatient, and four training

programs. Resources were then shared with 15 subspecialty teams in a six-month webinar series. Based on feedback and lessons learned, the Roadmap Project developed: 1) a checklist to help clinical teams assess readiness and identify priorities for addressing emotional health; 2) Maintenance of Certification Part 2 and Part 4 activities; 3) a self-assessment module for non-physician clinical staff; 4) brief teaching videos to support conversations with patients on emotional health; 5) a template for clinics and families to use for identifying support resources; 6) an outpatient billing strategies document, and 7) a website with resources for clinicians, patients and families, www.roadmapforemotionalhealth.org. Co-presenters and facilitators for this interactive workshop include a patient, pediatrician, program director, and psychologists. Attendees will use the Readiness Checklist to identify needs in their clinical and trainee settings. They will learn actionable strategies for effectively supporting trainees in addressing the emotional health of children and youth with chronic conditions, including initiating conversations about emotional health, connecting families with resources, and addressing bias and ensuring equitable care. Attendees will have time to develop a plan for using Roadmap strategies when they return home.

MY HAIR IS ON FIRE: MANAGING AND COACHING FOR HIGH STRESS EFFICIENCY AND WELL BEING

Noel Spears, MD, MPH; Rhett Lieberman, MD, MPH; Tony Tarchichi , MD; Eleanor Sharp, MD, MS; John Szymusiak, MD, MS, UPMC Children's Hospital of Pittsburgh; Kathryn Leyens, MD, UPMC Shadyside/Presbyterian Hospital, Division of General Internal Medicine; Benjamin Miller, MD, UPMC Children's Hospital of Pittsburgh

These are challenging times to take care of patients and teach; surging volumes, high acuity, and complex patients are combining with eager learners who feel this stress and may not have the experience or tools to cope well. Did you ever wish you had more ability to coach the learner in the moment on ways to handle the stress of high intensity care, yet felt unsure of how to proceed effectively and efficiently? Now more than ever we need to balance and share this humanity with our trainees to empower, coach, and support them to build skills in managing stress. Resilient individuals have been shown to manage adversity and high workloads more effectively and have less burnout. Put your own oxygen mask on first with us while we share brief yet impactful strategies to coach trainees to mitigate stress during periods of surge/high intensity clinical care. We will present a framework based on building evidence-based grit and resilience skills to address the ACGME Competency surrounding the use of healthy coping mechanisms to respond to stress. This will include coaching to reflect on prior experiences to develop healthy responses to stress, anticipate one's own stressors, and helping to alleviate stress for others. Through case-based small groups, participants will apply the framework and techniques to coach trainees to identify resilience skills and draw upon these skills during stressful times. Workshop participants will also learn effective strategies to manage their own emotional energy during these coaching sessions. Finally, tips and framework will be provided for faculty to take back to "train the trainers" at their institutions.

EVIDENCE-BASED MEDICINE FOR EQUITY CURRICULUM: TEACHING RESIDENTS TO ADDRESS INEQUITIES IN CLINICAL CARE

Alfonso Belmonte, MD; Rebecca Craig, MD; Elizabeth Yakes Jimenez, PhD, RDN, University of New Mexico Health Sciences Center, Department of Pediatrics

The American Academy of Pediatrics (AAP) has established Equity Agenda Guiding Principles, including principles recommending that child and adolescent health care professionals deliver care based on the best available evidence and advocate for identification and elimination of racist policies and inequities that contribute to disparities in patient outcomes. In addition, AAP and the Accreditation Council for Graduate Medical Education have highlighted the need for formal resident education in equity and anti-racism.

In this interactive workshop, we will describe how our residency program developed, implemented, and evaluated the Evidence-Based Medicine for Equity (EBME) curriculum, discuss "lessons learned," and facilitate opportunities for participants to develop an EBME session. EBME facilitators taught residents how to find and interpret peer-reviewed articles highlighting inequities in patient outcomes, review clinical practice guidelines, and implement clinical practice guidelines in ways that will enhance equity in care over the course of six, monthly two hour sessions. By the end of the session, participants will be able to: 1) reflect on connections between health equity and evidence-based medicine; 2) practice identifying equity-focused literature and linked clinical practice guidelines; and 3) design an EBME session for use with residents in their own program.

MANO A MANO: HOT TOPICS IN MEDICAL EDUCATION

Rebecca Wallihan, MD, Nationwide Children's Hospital; Emily Borman-Shoap, MD, University of Minnesota; Alan Chin, MD, UCLA

In this interactive, debate-style session, attendees will hear leaders in the field face off to address important issues in medical education. Three hot topics will be discussed with an affirmative and negative speaker for each. After opening remarks and framing by the moderator, each debater will present briefly her/his major points and closing remarks and address follow-up questions from the moderator. Each debate will end with questions from the audience. Audience response will be used to poll attendees on their stance prior to and at the conclusion of each topic. The three proposed topics for 2022 are:

1. Revisiting preference signals & supplemental applications: Were they really all they were cracked up to be?

2. Managing patient surges: Residency program or hospital system responsibility?
3. Program director standardized letter of evaluation (SLOE) vs letter of recommendation (LOR): Has the time come in Pediatrics?

TRANSFORMATIVE MENTORSHIP: USING CRITICAL REFLECTION TO FOSTER INCLUSIVITY

Laura Rubinos, MD; Bianca Argueza, MD; Martiza Gomez, MD, University of California San Francisco; Kimberly Montez, MD, Wake Forest University; Christian Lawrence, MD, University of North Carolina; Frances Turcotte, MD, University of Kansas; Megan Aylor, MD, Oregon Health and Science University

Increasing diversity within graduate medical education programs has highlighted the need to create inclusive learning communities to avoid perpetuating systemic trauma, particularly towards individuals from minoritized backgrounds.[1] Effective mentorship has the potential to mitigate, affirm, and validate trainee experiences. However, "traditional" mentorship is often unidimensional (career or research based) and hierarchical, limiting the opportunities for reciprocal learning and growth. Drawing from the principles of transformative learning described by Mezirow, transformative mentorship engages both mentors and mentees in critical reflection and shifts from a deficit model to a strengths based, partnership model based on shared vision and goals.[2-4]

This workshop will start with an overview of a transformative mentorship model and its advantages over using a "traditional" mentoring model in fostering inclusivity, especially when mentoring across racial/ethnic and gender identities. Participants will work in small groups to practice critical self-reflection through a series of exercises, including re-defining mentor roles and discussing the role of intersectionality, cultural humility, and allyship in a case study. The last part of the workshop will include a brief panel discussion of mentorship program best practices at different institutions and an opportunity for participants to work in small groups to discuss methodologies for implementing inclusive mentorship programs within their own programs. Participants will leave with themes, sample critical reflection questions, and an action plan based on literature review and multi-site "best practice" recommendations on transformative mentorship for inclusivity.

Wednesday, March 29 - 3:00pm – 4:30pm

ELS Session II

USING COACHING AND GROWTH MINDSET TO EMPOWER FELLOWS THROUGH MENTORSHIP AND SUPERVISION

Kimberly O'Hara, MD, Children's Hospital Colorado ; Kira Molas-Torreblanca, DO, Children's Hospital of Orange County; Patrick Synder, MD, Children's Hospital Colorado; Jamie Stokke, MD, Children's Hospital Los Angeles; Anshu Gupta, MD; Ashlie Tseng, MD, Children's Hospital of Richmond at VCU

As new fellowship programs are developed across the country and existing programs undergo Accreditation Council of Graduate Medical Education (ACGME) accreditation, both initial and continued, pediatric fellowship programs must train core faculty to supervise fellows by the rigorous standards set by the ACGME. Regardless of when a fellowship was established, how best to empower learners through the growth mindset, effective mentorship, and appropriate supervision is critical since a sense of empowerment and the provision of autonomy are associated with lower rates of burnout. Optimizing supervision extends beyond the clinical domain and into scholarship and professional identity development, where mentoring research projects, quality improvement endeavors, advocacy, and leadership pursuits as well as coaching career development are necessary. Engaging in scholarly activity is an entrustable professional activity and requirement for graduating fellows for subspecialty certification by the American Board of Pediatrics. It is thus imperative to offer more education to supervising faculty and fellows in both clinical and non-clinical settings, so that our learners grow professionally and personally and are prepared for independent practice upon graduation. This workshop will aim to provide instruction, practice, and guidance around empowering fellows through effective coaching, mentorship, and supervision for new and established fellowship programs.

The workshop will begin with an audience poll to better understand the audience's current level of experience with supervising pediatric fellows and will then describe the different levels of supervision per ACGME. We will discuss factors and behaviors that empower fellows and introduce the growth mindset. We will also provide strategies for effective coaching and mentorship to promote professional identify development and achieve success in the clinical and scholarship domains. The workshop will involve small group discussion and role-play to practice supervising in both clinical and non-clinical domains, such as coaching fellows through the job search and mentoring a fellow through a scholarly project. It will conclude with participants committing to an act or change in their supervisory practice or coaching relationship(s) based on what they learned during the workshop.

EMBRACING STEP 1 PASS/FAIL: HOLISTIC REVIEW FOR A NEW RESIDENCY APPLICATION ERA

Alexandra Mieczkowski, MD, MS, Univeristy of Pittsburgh School of Medicine; John Szymusiak, MD, MS; Allie Dakroub, MD, MS; Alda Maria Gonzaga, MD, MS, University of Pittsburgh School of Medicine

Many residency programs have traditionally utilized step 1 scores as part of their process to determine interview invitations for applicants to their residency program. Step 1 testing moving to a Pass/Fail grading system will necessitate new and innovative methods for assessing candidates' applications, to determine which candidates to interview for residency program slots. This also provides an opportunity for residency programs to become more equitable in how they offer interviews to applicants, as many traditional metrics such as USMLE scoring are known to perpetuate bias.

This workshop will provide program leadership and administrators with needed skills to move away from using traditional metrics like Step 1 numerical scoring and tailor their application review using holistic review processes. Participants will receive a brief didactic session on the concept of holistic review, followed by instruction on the procedural steps involved in the holistic review process. Participants will utilize the concepts of holistic review to determine individualized, program specific missions. Participants will then work in small groups to assess mock ERAS applications to determine essential and non-essential components to guide creation of holistic review rubrics. Participants will be able to take home individualized rubrics which can be further adapted to their own future recruitment processes. Finally, participants will be guided on next steps to enact holistic review processes at their home programs.

MENTORING PROFESSIONAL IDENTITY FORMATION IN PEDIATRIC GRADUATE MEDICAL EDUCATION

Justin Triemstra, MD, MHPE; Jillian Bybee, MD; Elijah Huang, MD; Kira Sieplinga, MD, Spectrum Health/Michigan State University/Helen DeVos Children's Hospital

Significant literature has been published on the importance of professional identity formation (PIF) in medical students, residents, and faculty members. Professional identity formation has been demonstrated to impact a physician's satisfaction at work, productivity, and motivations throughout their career. PIF is defined as internalizing a profession's core values and beliefs and is acquired through influences of a complex social network of role models, mentors, and other experiences throughout the clinical learning environment. In this highly interactive workshop utilizing interactive technology, facilitated group sessions, and worksheets, participants will engage in reflection and discussion about the importance of incorporating practices that promote PIF in pediatric residents while beginning to create a curricular framework that integrates PIF into residency curriculum.

In the first section of the workshop, facilitators will provide an overview of the conceptual framework of professional identity formation and how it has been studied and utilized in pediatric graduate medical education. In facilitated small groups, participants will reflect and explore their own professional development and how a variety of factors have contributed to their personal professional identity through reflection and facilitated discussion. In the second part of the workshop, the facilitators will share their experiences related to implementing a curriculum in their pediatric residency program that facilitated PIF. In facilitated small groups, participants will explore the creation and implementation of a PIF curriculum for their home institution, utilizing the facilitators curriculum as a guide. Participants will leave this workshop with increased knowledge on PIF, an opportunity to reflect on their personal professional identity, and a curricular framework which can be brought back to their local institutions.

EPAS ARE COMING! IS YOUR PROGRAM READY?

Suzanne Reed, MD, MAEd, Nationwide Children's Hospital; Jennifer DiRocco, DO, Kapiolani Medical Center for Women & Children; Margaret Kihstrom, MD, University of North Carolina; David Stewart, MD, University of Michigan; Mackenzie Frost, MD, MEd, Children's Hospital of Philadelphia; Sanaz Devlin, MD, Children's Hospital of the King's Daughters; David Turner, MD, American Board of Pediatrics

Did you know that by 2028, Entrustable Professional Activity (EPA) assessments will be used by the American Board of Pediatrics (ABP) as part of certification decision-making? The ABP has committed to competency-based medical education (CBME) for the future of education and assessment, aligning with the worldwide shift to a CBME system. CBME involves the development of education and assessment priorities based on patient needs. EPAs represent these activities that patients need, and assessment of EPAs is based on the amount of supervision a trainee requires to safely and effectively perform the activity. Collectively, EPAs are an integral element of a CBME framework that define our specialty and focus education and assessment on patient needs. In this workshop, participants will become more familiar with CBME and EPAs, and learn practical strategies, barriers, and lessons learned from programs already using EPAs. Perspectives and experiences from a variety of programs (size, region, etc) will be highlighted and utilized as a starting point for group discussions. Participants will engage with leaders in the Association of Pediatric Program Directors (APPD) Assessment Learning Community (LC), who prioritize meeting assessment needs of all pediatric residency program leaders and aim to ensure every program is prepared to make this shift to the inclusion of EPAs. Participants will have the opportunity to learn through others' experiences and begin developing a plan for their own programs through engagement with program leaders with varying degrees of EPA experience in facilitated small and large group discussions. Finally, participants will have the opportunity to explicitly share needs and feedback with the Assessment LC to inform the ongoing partnership of the LC with the ABP, to ensure a collaborative approach to this transition.

BEYOND THE LOA: DESIGNING AND IMPLEMENTING SYSTEMS TO SUPPORT RESIDENT AND FELLOW PARENTS

Alexandra Thompson, MD, Phoenix Children's; Kristen Samaddar , MD , Phoenix Children's ; Heather Burrows , MD,PhD, University of Michigan, C.S. Mott Children's Hospital ; Michelle Huddleston , MD , University of Arizona College of Medicine Phoenix; Zachary Robbins , MD , Valleywise Health Medical System ; Trevor Smith , MD , University of Arizona College of Medicine- Phoenix Internal Medicine and Pediatrics Residency; Megan Zakerski , MD, University of Michigan ; Vasudha Bhavaraju, MD, Phoenix Children's

In 2022, the ACGME required sponsoring institutions to provide residents and fellows with a minimum 6 weeks of paid parental/caregiver leave. Despite this significant intervention to advocate for trainee parents, numerous studies have outlined the challenges these trainees face as learners, physicians, and parents in the time before and after their leave. These include inadequate prenatal care, financial concerns, childcare access, competing personal and professional demands, stigma about taking leave, and meeting breastfeeding goals, amongst others. The American Academy of Pediatrics has recommended solutions to mitigate these issues, such as offering flexible schedules, expanding trainee coverage, and addressing institutional culture. While beneficial, these strategies can be difficult for program directors to operationalize. In this workshop, participants will apply a systematic approach to recognize barriers and create opportunities and processes to better support trainee parents. Participants will first analyze common challenges their trainee parents face and identify institutional strengths as well as gaps in providing optimal support. Next, each participant will choose a specific area of interest and collaborate in small groups to develop solutions using the program development logic model template. At the conclusion of the workshop, facilitators will guide participants to integrate their newly designed solutions with previously described successful interventions to support trainee parents, such as peer mentorship programs, innovative curricula to transition back to work, and lactation accommodation plans. Participants will leave with strategies and resources to effectively promote the physical, emotional, and academic well-being of trainee parents in their programs.

DISABILITY INCLUSION: DO YOU HAVE THE NECESSARY KNOWLEDGE AND TOOLS TO SUPPORT TRAINEES WITH AN APPARENT AND/OR NON-APPARENT DISABILITY?

Bridget Boyd, MD, Loyola University Medical Center Stritch School of Medicine; Nalinda Charnsangavej, MD, The University of Texas at Austin Dell School of Medicine

In 2019, the Accreditation Council for Graduate Medical Education (ACGME) common core requirements included the provision, “the program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents”, including disability as an aspect of diversity (1). It goes on to say, “GME programs must create inclusive policies and practices, understand their responsibilities under federal law, and educate themselves regarding reasonable accommodations.” Further, program leadership may not have a clear understanding of institutional obligations under employment provisions of the ADA-AA (Title I) (2)(5). The law outlines employer obligations to ensure equal access for qualified employees with disabilities, including provision of reasonable accommodations and responsibility to fund them. Data as recently as 2019 show the prevalence of disability across MD- and DO-granting programs was 4.52% up from 2.7% in 2016 (3). Data as recently as 2021 indicate resident disclosure of a disability at 7.5% whereas practicing physician disclosure rate was only 3.1% (4). The majority of the disabilities were non-apparent neurodiverse conditions such as ADHD, learning difficulties, sensory difficulties or mental health disabilities. As more medical students with disclosed disability enter residency, program leaders may not have experience or training to appropriately and reasonably accommodate trainees (5).

The goal of this interactive workshop is to provide residency leaders with a framework for the best practices in communication around disability needs and accommodations at their institutions. To build a foundation, we will begin by discussing a brief history of disabilities in the US and review program obligations under ACGME rules. We will discuss potential barriers to inclusion, the roles and responsibilities of the institution and trainee. Case examples will be used to highlight common scenarios and we will discuss in the group ideas for different approaches to support trainees, with an emphasis on using inclusive practices. Attendees will discuss strategies for faculty and trainee education at their institution and will leave the workshop with more knowledge to advocate for trainees with disabilities.

EMPOWERING PROGRAM COORDINATORS TO BECOME SELF-ADVOCATES IN GME LEADERSHIP

Francisco A. Hernandez, MBA, Tower Health; Karla Gonzales, BA, Baylor College of Medicine; Susan Grossarth, NA, Baylor College of Medicine ; Monick Powell, C-TAGME, UMass Chan Medical School; Brooke Steinbronn, BA, University of Rochester Medical Center; Cynthia G. Torres, NA, Baylor College of Medicine

Program Coordinators (PCs) are the core of all training programs, but much too often are over looked by training programs and Graduate Medical Education (GME) leadership. Accreditation standards for PCs set by the Accreditation Council of Graduate Medical Education (ACGME) have changed over the last few years, and it continues to evolve as PCs job descriptions vary by institutions. Various PCs across the nation continue to self-advocate for their own professional development. In this interactive workshop, participants will (a) define what advocacy means to coordinators (b) review their current barriers to achieving big and small goals c) discuss current needs and wants that PCs have per survey results and (d) create action plans to enhance self-advocacy. Participants will engage in small group mentored discussion to identify best practices for self-advocacy in additional support, wellness initiatives for PCs and support from the GME Office. Finally, participants will work in small groups to identify ways participants have modeled self-advocacy in their institutions. Individuals that attend this workshop will leave with self-directed goal action plans to self-advocate while receiving real time feedback/suggestions from other participants regarding next steps to ensure success.

I OBJECT! CONSCIENTIOUS OBJECTION TO GENDER AFFIRMING CARE IN RESIDENCY TRAINING, BALANCING VULNERABILITIES

Catherine Shubkin, MD FAAP HEC-C, Dartmouth Health Children's/Geisel School of Medicine; Amy Caruso Brown, MD, MSc, MSCS, HEC-C, SUNY Upstate Medical University; Carol Lynn O'Dea, MD FAAP, Dartmouth Health Children's/Geisel School of Medicine; Rachel Osborn, MD, Yale School of Medicine; Karen Teelin, MD FAAP, SUNY-Upstate Medical University

Important reasons to respect conscientious objection in healthcare have been well-described in the scholarly literature: however, equally important concerns have also been raised about the extent to which conscientious objection should be permitted in a pluralistic society, particularly given the power differential which favors healthcare providers, and those providers' monopoly over certain services.

Pediatric residents and fellows are in a unique position: they are employees in some respects and students in others, creating vulnerability within the hierarchy of healthcare and of institutions. When a physician in training objects to providing care to another vulnerable population—transgender youth—what should be done? Is this objection legitimate, or does it constitute invidious discrimination? How should educators respond, and how might they promote tolerance through their response? Do some objections limit trainees' abilities to pursue particular career paths?

Accommodating conscientious objection during medical training requires compassionately balancing the vulnerability of students and trainees with the vulnerability of patients. Educators have an obligation to strive to foster empathy, mitigate bias and mentor trainees regardless of their beliefs, but in rare cases, they may need to guide trainees into an alternative career path, recognizing patients' welfare ultimately takes precedence. In this interactive workshop, we will explore the ethical and legal limits of conscientious objection for trainees, the role of educators in supporting professional identity formation of their learners, and the implications of medical and health professions schools taking a public stance on our role in protecting our most vulnerable patients.

STRESS ACTION PLANS: A TOOL FOR BURNOUT RECOGNITION AND INDIVIDUALIZED APPRECIATION OF RESIDENTS TO PROMOTE WELLBEING

Kayla Olson, MD; Bonnie Bentson, MD; Robert Mills III, MD; Abigail Schnaith, MD; Emily Borman-Shoap, MD, University of Minnesota; Maren Olson, MD; Erin King, MD, Children's Minnesota; Michael Pitt, MD; Patricia Hobday, MD, University of Minnesota; Sonja Colianni, MD, Hennepin Healthcare; Thomas George, MD, Children's Minnesota; Johannah Scheurer, MD; Jose Jimenez Vega, MD, University of Minnesota

As burnout in the healthcare field rises, more research is being dedicated as to what causes burnout and what prevents it. Protective factors against burnout include supportive work environments, tolerable work hours, and feeling valued at work. We translated those themes into goals of continued improvement in residency curriculum, personal appreciation, and personalized wellbeing initiatives. Program directors and program administration recognize that a wellbeing curriculum is important, but many cannot identify a single role that is in charge of implementing it. As wellness curriculums often feel more abstract than actionable, our residency program aimed to develop a personalized actionable intervention plan for each resident.

When creating our wellbeing initiative titled "Stress Action Plans", we acknowledged that wellbeing initiatives can often feel like "checking a box" for a few reasons. One, not everyone likes to receive appreciation or restore themselves in the same way so broad program wide interventions often do not encapsulate all residents. Additionally, learning how to best individually support residents takes time, which is challenging in a medical education system with new trainees and new chiefs yearly.

This wellbeing initiative has two parts: self identifying one's work appreciation language and creating a personalized stress action plan. The Stress Action Plan mimics an asthma action plan. Each column includes signs and symptoms of a "zone" - green zone (relaxed), yellow zone (stressed), and red zone (burnt out). The second column includes actions to maintain the zone or to help put them in a zone closer to green (Figure 1).

In this workshop, we will demonstrate the framework of Stress Action Plans, have participants create their own, and review how our program has used these tools to support residents on an individual level. We will also share how we used these individual plans to create program wide initiatives to capture as many wellbeing wants of the residents as possible. We will close by challenging the participants to reflect on how their own respective programs could apply our wellbeing initiative at their home institution.

IMPROVING INTERN EFFICIENCY: TRAINING THEM TO WORK SMARTER NOT HARDER

Melissa Rodriguez Rodriguez, MD, Emory University & Children's Healthcare of Atlanta; Quynh Pham, MD, Dell Children's Medical Center of Central Texas; Anjali Kirpalani, MD, Emory University & Children's Healthcare of Atlanta; Shivani Patel, DO, MEd, MS; Sue Poynter, MD, MEd, Cincinnati Children's Medical Center; Rebecca Sanders, MD, PhD; Sarah Varghese, MD, Emory University & Children's Healthcare of Atlanta

With pediatric census and patient acuity currently on the rise, it is more critical than ever that pediatric educators equip interns with the tools needed to master efficiency and organizational skills for a day on the wards! The transition to residency can be challenging, and many interns struggle with workflow, increased patient responsibilities, and task prioritization, particularly in inpatient settings. The preparation provided by the fourth year of medical school is variable and interns start their residencies with differing knowledge and

skill sets. This interactive workshop was developed by hospitalist educators with a vested interest in improving resident efficiency and provides best practices and tools that can be used to help interns improve workflow, organization, and triage skills. Facilitators will share experiences, curricula, and tools developed at various academic institutions to assist interns in overcoming common challenges that undercut efficiency: perfectionism, anxiety, disorganization, and overthinking. Small groups will be utilized to share practical tools to use at your home institution as well as garner ideas on successful initiatives used at other participant programs. A toolkit with templates for resources discussed and frameworks for efficiency coaching will be provided for participants to take home.

OPTIMIZING THE EXPERIENCE OF YOUR INTERNATIONAL MEDICAL GRADUATE TRAINEES

Ligia Nascente Chanock, MD; Aisha Barber, MD, MEd; Xian Zhao, MD, MEd; Folasade Ogunlesi, MD, Children's National Hospital

Nearly 32% of applicants to PGY1 categorical pediatric residencies in the 2022 Main Residency Match were international medical graduates (IMGs); however, only 20.1% of matched applicants were IMGs. IMGs face significant hurdles to entering the healthcare workforce in the United States, and studies show that they encounter additional barriers after beginning their graduate medical education. These challenges can discourage pediatric residency programs from recruiting and training IMG applicants, despite their strengths in clinical knowledge/skills and resource utilization. We plan to use this interactive learning session to share with residency program leadership our own experience working with IMG applicants and residents within the context of published best practices. Participants will reflect on the learning environment at their own institutions and plan changes in their approach to IMG resident recruitment, onboarding, support, and community building. These action items will be shared with the group at large, giving all participants an opportunity to reflect on ways to enhance the experience of pediatric residents with IMG backgrounds.

SAFE FOR SUCCESS: A ROADMAP FOR FEARLESS LEARNER PERFORMANCE

Anna Weiss, MD MSEd; Jessica Hart, MD; Kathy Shaw, MD, MSCE, Children's Hospital of Philadelphia

The literature in patient safety and organizational dynamics clearly demonstrates that in high-reliability organizations, superlative team performance is undergirded by a foundation of psychological safety. More recently, the medical education literature has shown in both quantitative and qualitative studies that trainees who feel psychologically safe are more likely to share their uncertainty with their mentors, to reveal errors they have made to their supervisors, to take ownership of their learning processes, and to push the boundaries of their own zones of proximal development. However, few faculty supervisors receive formal training in how to establish psychologically safe learning teams.

In this interactive workshop, participants will explore the construct of psychological safety and its application as a tool to support both patient safety and trainee growth in the clinical learning environment. Participants will work in small groups to audit their own personal leadership and teaching styles and to consider how these styles do or do not support the establishment of psychological safety in the teams they supervise. We will then present a stepwise, data-driven framework for establishing psychological safety in learning teams and will review concrete steps for applying this framework in each participant's local institutional environment. Participants will leave this workshop with a deeper understanding of themselves as leaders and educators, and with tangible strategies for enhancing the psychological safety of the clinical learning teams they supervise.

Thursday, March 30 - 1:00pm – 2:30pm

ELS Session III

COACHING FOR TIME MANAGEMENT: HELPING LEARNERS PRIORITIZE THE RIGHT THINGS

Alice Walz, MD, Medical University of South Carolina; Kim Hoang, MD, Stanford School of Medicine; Taryn Hill, MD; Matthew Thomas, MD, Johns Hopkins All Children's Hospital; Marwa Abu El Haija, MD, Stanford School of Medicine; Monique Naifeh, MD, MPH, University of Oklahoma Health Sciences Center; Caroline Rassbach, MD, MEd; Rebecca Blankenburg, MD, MPH, Stanford School of Medicine

Medical trainees are tasked with efficiently developing knowledge and skills to function effectively in an ever-changing, high-paced, health care environment. Proper time management and prioritization are key and learnable skills that can promote personal productivity, optimize work-life integration, and decrease burnout. Coaching has emerged as a key strategy to promote the personal and professional development of medical learners. Specific coaching techniques of reflective practice, examining priorities, and goal setting are specific ways that coaching can both aid in skill development and foster work-life integration.

This interactive workshop will begin with an overview of coaching in medicine and an introduction to the time management matrix (TMM), which is a structured tool for organizing and prioritizing tasks. The majority of the session will be spent in interactive small and large group sessions where participants will apply TMM and coaching techniques in simulated discussions. We will end by sharing a Coaching for Time Management Toolkit that can be brought back to participants' home institutions for learner and faculty development.

EDUCATOR PORTFOLIOS: PAVING THE YELLOW BRICK ROAD FOR ACADEMIC EDUCATORS

Ross Myers, MD, Rainbow Babies and Children's Hospital; Elizabeth Goodman, MD, Rutgers University; Ashlie Tseng, MD, Children's Hospital of Richmond; Nick DeBlasio, MD, Cincinnati Children's Hospital; Carolyn Wilhelm, MD; Andrea Scioscia, MD; Michael Dell, MD, Rainbow Babies and Children's Hospital; Melissa Klein, MD, Cincinnati Children's Hospital

Academic institutions increasingly utilize Educator portfolios (EPs) to showcase faculty's educational activities. Both developmental and promotional EPs exist and serve different purposes. A Developmental EP assists one to reflect on their educational activities and scholarship, and next steps in their educational journey. Promotional EPs highlight educational achievements and provide objective information for promotion and tenure committees. Promotional EPs are used at an increasing number of institutions nationwide as an important part of promotional materials for faculty on education tracks. However many educators have not had formal training on completing an EP.

In this highly interactive workshop led by a group of successful mid-level and senior educators, participants will review the importance of an EP in their professional development and how to effectively use a promotional EP. Throughout the workshop, the EP template created by the Academic Pediatric Association's (APA) Educational Scholars Program (ESP) will be introduced as a framework. In small groups, participants will discuss their experiences with EPs and how the APA ESP template could be tailored to meet their institutional requirements and aid their professional development. In facilitated small groups, participants will draft sections of their own EP and then improve these sections through sharing within the small and large groups. By the end of this workshop, participants will leave with a partially completed promotional EP, an example EP used for successful promotion to both the Associate and Professor levels, and contact information of the workshop leaders for ongoing support through their promotional process and professional development.

REDEFINING YOUR CUP: FILLERS AND DRAINS TO LIVING ACCORDING TO YOUR VALUES

Erica Martz, MEd, C-TAGME, Nationwide Children's Hospital; Kelley Kirk, AA, Nemours Children's Health, Florida; LaTasha Williams, AAS, C-TAGME, University of South Alabama

What fills your cup? What drains your cup? What do these questions even mean in the context of our roles as coordinators? To "fill your cup" is an expression used to regenerate your physical, mental, and emotional energy. Always fill your own cup first and allow the world to benefit from the overflow (Shujaat, 2022). It's vital for one to stop, reflect, and recharge. A car with a faulty battery simply cannot run properly, similarly when we are depleted physically, mentally, and emotionally we are not operating at our full capacity or potential. For many of us, the pandemic knocked our cup over, for some, it was messy, for others the cup was already empty. What fulfilled us early in our careers may not fulfill us now. When your cup is not balanced with both moments that uplift us (fillers) as well as challenges (drains) that may help us grow, you have very little to give personally and professionally.

Although the pandemic was challenging in numerous ways, it also served as a catalyst for innovation. For some, this means leaving the industry altogether (Gordon), although the presenters believe there is a path forward within our medical education community. By reassessing personal values to your community, establishing good boundaries and time management tools, and creating opportunities to empower yourself with new skills, Education Specialists within Pediatrics can remain engaged, satisfied, and motivated to create and maintain strong training programs.

During this interactive enhanced learning session, participants will identify and have the opportunity to share how their values have changed since the beginning of the pandemic. The presenters will share personal narratives and then discuss tools and resources the authors used to redefine their cup since the pandemic. Participants will also explore drains to living a fulfilled and purposeful life and discover what drives them now, their fillers, as they strive for work-life balance. To conclude the session, participants will have the opportunity to create a tangible tool to remind them of appropriately balancing the fillers and drains in their lives at their home institutions.

GENDER FOCUSED TRAINING TO IMPROVE LEADERSHIP SKILLS OF WOMEN PHYSICIANS

Saloni Sinha, DO; Meredith Barrientez, MD; Margaret Lang, MD; Margaret Rozier Chen, MD; Aline Tanios, MD, St. Louis University

A stark difference exists between men and women in medicine in regards to leadership roles, salary, and academic rank. By 2017, women constituted half of all United States medical school students, however, the number of women in elite leadership roles has remained minimal in comparison to their male counterparts (Surawicz, 2016). This barrier to career advancement for women in medicine has been termed a "glass ceiling". Multiple theories exist behind the glass ceiling phenomenon, including implicit basis, lack of mentorship or support system, gendered view on leadership characteristics, family obligations, and self-fulfilling gender stereotypes (Alwazzan & Al-Angari, 2022; Arrizabalaga et. al, 2014). While the number of leadership programs at medical schools is minimal, research shows that such programs have been shown to empower female leaders in the workplace (Hochstrasser et. al, 2021). In a survey completed within Saint Louis University's Department of Pediatrics, our team found that the majority of participants selected gender inequity and personal/family obligations as the greatest hindrances to women in leadership roles. However, time to pursue leadership opportunities and intentional mentoring were reported as the greatest ways to support women in pursuit of leadership.

This gender-focused workshop for women in medicine aims to empower, build confidence, and provide concrete strategies in pursuit of leadership roles at an early stage for women in medicine. As a group of both women trainees and faculty, the facilitators will share their respective experiences growing in a gender biased profession. The session will consist of a series of three round table activities. Each station will address the aforementioned opportunities to limit barriers and provide effective strategies in support of women in leadership roles. The first station will cover strategies for time management, both in regards to managing clinical and academic duties, in addition to personal obligations. The second station will encourage early involvement in seeking mentorship and creating positive team environments aimed for high scholarly productivity. The third station will target niche development and strategies to create visibility for accomplishments.

In conclusion, residency leaders will walk away with tangible pearls for integration of the discussed strategies into daily practice and allow for implementation within their programs. This will foster gender-focused leadership training that will pave the way for early advancement and empowerment of women in medicine.

CALLING DIBS: FROM DIVERSITY, TO INCLUSION, TO BELONGING AND SUPPORT FOR LGBTQIA+ TRAINEES IN YOUR PROGRAM AND INSTITUTION.

Jeremiah Cleveland, MD, Maimonides Children's Hospital; Brian Lurie, MD, MPH, Levine Children's Hospital - Atrium Health; Michael Colburn, MD, MEd, University of Iowa Stead Family Children's Hospital; Michelle Brooks, CTA-CC, Stanford University; Beth Wueste, MAEd, C-TAGME, LSSBB, UT Health San Antonio; M. Brett Cooper, MD, MEd, UT Southwestern Medical Center; Sydney Primis, MD, Levine Children's Hospital - Atrium Health; Pamela Carpenter, MEd, APPD

Residents identifying as lesbian, gay, bisexual, transgender, queer/questioning, and other sexual/gender minorities (LGBTQ+) face distinctive experiences and discrimination during residency training. Specifically, applying to medical residency can be a unique challenge. For LGBTQ+ residency applicants, identifying inclusive and supportive training environments from interviews can be almost impossible, leading trainees to potentially match at programs without support, advocacy, and/or inclusion. This leads to toxic stress, a lack of overall wellness, and at worst, discrimination and hostility.

In this highly interactive learning session, we seek to create an immersive environment that allows participants to grapple with the actual implications facing medical trainees and programs due to bias, prejudice, and systemic oppression. We will use immersive theater role play to explore recruitment strategies and interview dilemmas such as how to answer applicant questions truthfully and sell your program without overselling a less than inclusive training environment. We will discuss multidisciplinary considerations and identify other institutional and personnel barriers and potential sources of toxicity for LGBTQ+ trainees. Finally, we will identify ways to bring your program from diversity matching to belonging and inclusion.

RESIDENT UNIONIZATION: UPS, DOWNS, AND IMPLICATIONS

Ellen Parker, MD, Loyola University Medical Center; Pavan Srivastava, MD, University of Illinois Chicago; Heather Toth, MD, Medical College of Wisconsin; Nabil Abou Baker, MD, University of Chicago; Kelsie Avants, DO, University of Illinois Chicago; Jonathan Tolentino, MD, University of Miami

The National Labor Relations Board recognized medical resident's federal rights to unionize as employees in 1999, but still unionization had been relatively uncommon in part due to other resident workplace protections afforded by the ACGME. Recently, the AAMC and AMA have published increased trends in medical resident unionization with roughly 15% of medical residents partaking in unions at over 60 institutions. They have hypothesized this trend as a response to the COVID pandemic, burnout, economic inflation, and evolution of the physician-employee model that has led residents to seek additional employment protections and benefits through collective bargaining.

Compared to typical labor unions, medical trainee's employment relationship with their sponsoring institution is complex in part due to their finite employment tenure but also dual educational requirements. In this workshop, we will explore how unionization has the potential of affecting training programs with respect to perceived resident wellness, patient care, regulation of the learner-educator relationship, and coaching of students applying to residencies. A panel composed of administrators, currently unionizing residents, residency program graduates of unionized residency programs and residency program directors will be compiled to explore the benefits, drawbacks and administrative implications of unionization on graduate medical education.

Participants will exit the session with resources that include a process map from the standpoint of both the residents and faculty, a review of the collective bargaining process, a catalogue of current literature on unionization in medicine, and a special considerations reflection questionnaire to stimulate program contemplation even after the event.

DARING TO BE SEEN: LEANING INTO VULNERABLE LEADERSHIP TO SUPPORT THE CLINICAL LEARNING ENVIRONMENT AND WELLBEING

Jillian Bybee, MD, Helen DeVos Children's Hospital and Michigan State University; Shannon Scott-Vernaglia, MD, Mass General for Children and Harvard Medical School

To be a physician is to lead, either in a formal or informal capacity. However, leadership training is not yet common in medical or graduate medical education. As leaders, physicians may feel ill-prepared to lead a team, navigate challenges, give formative feedback to coach and develop others, or provide support to trainees in crisis. In each of these scenarios, a successful outcome requires the leader to create psychological safety for team members. One of the ways to achieve this is for the leader to display their own vulnerability and authenticity. Authentic and vulnerable leadership has been tied to improved wellbeing for employees, and this translates to the medicine where the rates of burnout continue to soar amongst training and attending physicians. This innovative workshop will begin with an introduction to vulnerability, define vulnerable leadership, and highlight its role in medical education. Session leaders have expertise in planning and conducting multiple successful and well-regarded sessions on vulnerability, leadership, and mental health--both in person and virtually. We will share first-hand experiences with self-disclosing vulnerable stories and convey to participants tools and skills to be vulnerable leaders in their own spaces. In addition, we will share tips and tricks for cultivating psychologically safe environments and maintaining boundaries using our expertise. Throughout the session, participants will actively engage in small group discussion breakouts. One breakout session will focus on perceived barriers to vulnerability, leadership, and medical education. Utilizing a provided framework for program development, the second will allow participants to begin to develop a proposal for a creating spaces in their own programs to engage with vulnerability.

FROM A COFFEE SHOP TO THE EMMYS: CREATING A CULTURE OF STORYTELLING

Maren Olson, MD, MPH, MEd; Ben Trappey, MD; Anthony Williams, MD; Parrisha Roane, MD, University of Minnesota

In recent years, there has been an increasing recognition of the importance of storytelling in medicine and an emphasis on promoting the arts and humanities in medical education. However, it can be difficult to determine where to start when attempting to incorporate the arts and humanities into the evidence-based world of medical education. The Center for the Art of Medicine (CFAM) has created a robust, vibrant culture of medical storytelling among residents, fellows, faculty, and medical students—and it all started with a few people gathering over coffee to work on reflective writing.

In this session, faculty from CFAM will discuss the scientific basis of our storytelling programs and walk participants through the history of efforts to foster this culture of creation and sharing of stories. Through this session participants will develop a roadmap for utilizing storytelling to cultivate resilience and build community in physicians and physicians in training.

We will also cover the scientific basis of storytelling as a powerful advocacy tool, detail our experiences of using shared storytelling as a means of promoting change, and show how our successful annual Story Slam events eventually led to an Emmy Award-winning series of television specials in partnership with our local public television station. Participants experience the power of storytelling by witnessing excerpts from the television program *Art + Medicine: Speaking of Race* that advocate for racial justice and racial diversity in the healthcare workforce. Finally, participants will have the opportunity to identify ways to use storytelling as a tool for advocacy in their own communities.

A LOOK IN THE MIRROR: A MODEL FOR PROGRAM-DRIVEN INDEPENDENT REVIEWS IN THE POST-COVID ERA

Andrew Nowalk, MD, PhD, UPMC Childrens Hospital of Pittsburgh; Joanna Lewis, MD, Advocate Children's Hospital – Park Ridge; Ann Burke, MD, Dayton Children's Hospital; Christine Hrach, MD; Patrick Reich, MD, MSCI, St. Louis Children's Hospital

A LOOK IN THE MIRROR: A MODEL FOR PROGRAM-DRIVEN INDEPENDENT REVIEWS IN THE POST-COVID ERA

Ann Burke, Joanna Lewis, Christine Hrach, Patrick Reitz, and Andrew Nowalk

The COVID pandemic has had a significant impact on the program evaluation activities of the ACGME (1), suspending self-study site visits and moving to more reliance on the WebADS system for program monitoring. Further, the Next Accreditation System requires less intensive and deep review of programs on a regular basis. While site visits were a challenge for programs, there were useful data that emerged from an unbiased, external review. Based on a recent independent visit, we developed a model for programs to recruit independent visitors for formative program reviews.

In this interactive workshop, participants of all levels will engage in an initial review of the components of an independent review visit. After this short didactic review, small group facilitators will provide an overview of typical areas of focus, highlighting hot spots for the current pediatric training environment. Participants will work to identify individual areas to work on for their own program and share current approaches to addressing this. Small group will report out best solutions to these thorny issues to the larger audience.

In the second part of the workshop, participants will sketch out a “map” of their hospital and GME clinical learning environment. Facilitators will prompt participants to identify key stakeholders in finance, education, clinical activities, and resources, as well as key reasons for recruiting them in. Each group member will generate a mock itinerary of a site visit and identify regional contacts who might serve as visitors.

We will conclude the workshop with review of the solutions identified to specific program issues for reviews, and a road map document for all participants to take back to their programs for design of an independent review.

BUILDING COMFORT IN THE UNCOMFORTABLE: AN INTENTIONAL APPROACH TO PSYCHOLOGICAL SAFETY WHEN BUILDING EFFECTIVE MICROAGGRESSIONS/DEI CURRICULA

Nicole Washington, MD; Tara Bamat, MD, Children's Hospital of Philadelphia; Sabina Holland, MD, Hasbro's Children's Hospital - Brown University; Patricia Poitevien, MD, MSc, Warren Alpert Medical School of Brown University

Microaggressions in the clinical learning environment occur frequently and contribute to trainee distress and burnout. The literature reports that neither trainees nor faculty feel empowered or equipped to respond to microaggressions or support colleagues who experience them. Innovative curricula are needed to teach trainees skills in identifying and addressing microaggressions and the curricula must be learner centric and psychologically safe to be effective. In this workshop, we will: 1) review the impact of microaggressions in our clinical learning environments and the importance of addressing microaggressions; 2) define psychological safety and discuss the importance of psychological safety when teaching about microaggressions or other DEI related topics with diverse learner groups; 3) provide participants with a set of tools to anticipate challenges with psychological safety and how to address them. Utilizing our curricula-building experience as a guide, we will provide participants with a definition of psychological safety for diverse learner groups and divide them into small groups to discuss microaggressions/other DEI-related curricula occurring at their institutions and their successes/challenges in fostering and/or upholding psychological safety for their learners during these sessions, followed by a large group report out. The ELS co-presenters will share their experience in creating psychological safety during the implementation of their simulation session via a didactic, highlighting the importance of focus groups, expectation setting, frameworks, redirection, centering marginalized learners, discussing shame response, fragility, and power dynamics, and debriefing. Participants will view 2 re-enacted videos OR live demonstrations by professional actors of challenges to psychological safety from our simulation session; and discuss in small groups how to address them utilizing a framework. Each demonstration will occur in the large group, followed by a small group discussion, and a large group report out. Lastly, participants will brainstorm in small groups about how to incorporate the skills learned in the ELS to create and uphold psychological safety for diverse learner groups into their own respective microaggressions/DEI-related curricula to foster and/or improve psychological safety for their learners. We will end with a large group report out and a summary review of key points from the ELS.

RISE UP: OVERCOMING RESISTANCE TO DIVERSITY, EQUITY, & INCLUSION EFFORTS

Allison Guerin, EdD, MEd, Stanford School of Medicine; April Edwell, MD, MAEd, University of California, San Francisco; Emmett Griffith, MA, Stanford School of Medicine; H. Mollie Grow, MD, MPH, University of Washington/Seattle Children's Hospital ; Emma Omoruyi, MD, MPH, University of Texas Health Science Center at Houston; Dennis Spencer, MD, PhD, Harvard Medical School/Boston Children's Hospital; Andria Tatem, MD, MEd, Eastern Virginia Medical School/Children's Hospital of The King's Daughters; Baraka Floyd, MD, MSc, Stanford School of Medicine

The COVID-19 pandemic and the public murder of George Floyd led the country to face a national reflection on its role in perpetuating racism in 2020. Organizations implemented diversity, equity, and inclusion (DEI) initiatives in an effort to acknowledge and address racism, and now two years later, these initiatives have faced varying levels of success.1 In many cases, DEI efforts have faced backlash; one study found that 42% of employees report their peers view their organizations' DEI efforts as divisive and another 42% say their peers resent DEI efforts.2 Resistance to DEI initiatives is likely because people are motivated to protect their own sense of self-esteem and competence.3 It is human desire to think of ourselves as good and that our systems are fair and just.4 When these beliefs are challenged by the reality of racism and notion that bias is ubiquitous, the human instinctual reaction is to reject the new information. DEI efforts also face resistance because they may threaten our social identities. Belonging to a group with high status and attributes can contribute to social identity and ability to access resources, and DEI efforts may be seen as a threat to this status.2

Resistance to DEI efforts can be categorized into three types of responses: denial, distancing, and distortion. Denial is when people deny that racism is a significant problem. Distancing is when people distance themselves from racism by emphasizing their own personal uniqueness as evidence that they have not personally benefited from racial advantages. Distortion is when people recognize the existence of racism but distort the nature of the inequity to protect their own feelings.4 In medicine, little research has been done on the impact of backlash to the success of DEI efforts. However, we know from our experiences as DEI leaders across the US that resistance is a pervasive issue, and that it inhibits the ability of DEI work to dismantle racist systems and ideology and to create the equitable systems needed.

In this session, we will engage with participants in an interactive ELS and present evidence-based strategies to combat pushback.2–7 We will begin with a flipped classroom approach by asking participants to discuss case scenarios and brainstorm how they would respond to resistance. We will then present a mini didactic, followed by a panel discussion on how each institution has dealt with backlash to DEI efforts. We will conclude with an individual reflection where participants will develop a plan for dealing with resistance at their home institutions.

PROFESSIONALISM - ADDRESSING UNSATISFACTORY PERFORMANCE IN TRAINING

Suzanne Woods, MD; Angela Godwin, BS, American Board of Pediatrics; Debra Boyer, MD, MHPE, Nationwide Children's Hospital

Most learners will have no issues with passage through the developmental stages of professional competency. They will move from being medical students, whose course of learning and behavior were guided by others, to a mode of learning and professional behavior that is self-directed as graduate medical education trainees. Occasionally, there will be a learner who needs extra guidance and perhaps even external control. Rarely, one may encounter an individual who is not suited for a professional career in pediatrics, and who has escaped the normal processes in place to protect patients and the public at large. These are the most challenging situations for a program director. They are fraught with interpersonal stress, institutional and program upheaval, and occasionally legal entanglements. When unprofessional behavior occurs, it is the responsibility of the program director to determine the weight of the infraction and to chart a course of action.

It is critically important to identify deficiencies in training and to immediately embark on a remediation action plan. Lapses in professionalism can be in different categories and include behavioral, performance, attitude, or accountability issues. The American Board of Pediatrics (ABP) collects evaluations at the completion of training for all learners using the Accreditation Council for Graduate Medical Education (ACGME)/American Board of Medical Specialties six domains of competence. The ABP has seen an increase in reports of unsatisfactory performance in the domain of professionalism.

The ABP will explain the evaluation system in our Program Portal with a focus on the domains of competence, specifically professionalism. The policy and procedures related to unsatisfactory evaluations will be discussed and the toolkit for the remediation of professionalism issues will be shared. Guidelines and resources for addressing remediation in professionalism will be offered. An educational and interactive workshop experience on this critically important topic will be offered.

Friday, March 31 - 10:00am – 11:30am

ELS Session IV

WHEN THE THUMBS UP EMOJI IS NOT ENOUGH: ETIQUETTE FOR EFFECTIVE WRITTEN FEEDBACK

Elisa Phillips, MD, Lucile Packard Children's Hospital - Stanford University; Amy Buczkowski, MD, FAAP, Barbara Bush Children's Hospital at Maine Medical Center; Claudia Busse, MD, LeHigh Valley Health Network; Vivien Sun, MD, Stanford Hospital

Written feedback, when used appropriately, is a valuable and convenient supplement or alternative to verbal face-to-face feedback with similar effectiveness (Elnicki et al. 2001, Jackson et al. 2015). Formative feedback is essential in medical education for learner growth (Bing-You et al. 2017, Kornegay et al. 2017). Yet, clinician educators face barriers to delivering timely and effective verbal feedback, such as time constraints, competing patient care demands, and asynchronous interactions with learners. This interactive workshop will demonstrate how and when written feedback can be a useful tool for delivering formative feedback to amplify learner clinical and professional development. Participants will explore components that optimize written formative feedback including learner, facilitator, situational and content characteristics. Participants will apply a framework to write and critique written feedback for a variety of scenarios. Through this workshop, participants will be able to take home a practical written feedback toolkit for use at their clinical institutions.

BUILDING MENTORSHIP FRAMEWORKS AND PATHWAYS TO ADVANCE UIM REPRESENTATION IN PEDIATRIC SUBSPECIALTIES

Charlene Larson Rotandi, AB, C-TAGME; Caroline Okorie, MD, MPH; Sara Kibrom, MD; Becky Blankenburg, MD, MPH; Allison Guerin, EdD, MEd, Stanford University School of Medicine; Marquita Genies, MD, MPH; Kathryn Mainhart, MSEd, Johns Hopkins School of Medicine; Elizabeth Maria Bonachea, MD; Lauren Moffatt, BA, C-TAGME, Nationwide Children's Hospital; Michael Munoz, MD, MBA, RWJBH - Monmouth Medical Center; Eduardo Castillo Leon, MD, Morehouse School of Medicine; Hayley Gans, MD, Stanford University School of Medicine

To truly build an equitable healthcare system, we need a diverse physician workforce that reflects the demographics of the general population. A sense of urgency has developed as recent trends show a decreasing proportion of underrepresented in medicine (UIM) pediatric subspecialty fellows (Montez et al. 2021; Weyand, Nichols, and Freed 2020). Increasing the number of UIM physicians requires a deliberate action by academic institutions to recruit and support UIM applicants across various medical subspecialties. While many institutions have developed programs that support UIM medical student experiences in the specialties, only recently have they begun to create programs that specifically address UIM residents' exposure and mentorship into Pediatric subspecialties. In this session, participants will have an opportunity to reflect and discuss the potential national and institutional drivers limiting resident exposure to pediatric subspecialty careers and access to training programs. Reflecting on their institution's framework, participants will analyze and identify areas in which they can improve UIM resident support and mentorship. Participants will learn about the novel programs the three presenting institutions have developed to provide UIM residents with exposure to pediatric subspeciality training, including peer and faculty support and mentorship. After learning about the different programs and hearing resident perspectives, participants will develop an action plan to implement program improvements to support UIM resident exposure, mentorship, and recruitment into their pediatric subspecialty training programs. Session participants will receive a toolkit of resources, including a detailed description of the programs and activities developed by the three institutions.

PLOTTING A CAREER GROWTH CHART: TEACHING TRAINEES TO CREATE STANDOUT CVS AND COVER LETTERS

Rebecca Sanders, MD, PhD, Emory University School of Medicine; Eric Zwemer, MD, University of North Carolina; Patrick McCarthy, MD, MME, Medical College of Wisconsin/Children's Wisconsin; Shivani Patel, DO, MEd, Cincinnati Children's Hospital Medical Center; Sarah Varghese, MD, Emory University School of Medicine/Children's Healthcare of Atlanta

You've spent the last several years making sure your trainees are well-equipped for independent practice – now it's time to set them up for success in the job search! The process of creating CVs and cover letters can be daunting for many trainees, and poorly crafted documents can obscure an applicant's strengths. Our workshop focuses on practical knowledge and skill-building to help you guide mentees in creating effective CVs and cover letters.

Using interactive games, polls, and short didactics, we will demonstrate how to guide mentees in highlighting their individual accomplishments and qualifications. We will review best practices for CV content, organization and structure, and introduce a novel cover letter framework that can be applied to a job search in any subspecialty. A toolkit with templates, resources, and a sample slide deck will be shared with workshop participants. Attendees will leave this session fully prepared to mentor others in crafting exemplary CVs and cover letters. Help your trainees represent themselves well on paper and maximize their chances of landing an interview and securing their dream positions!

HERE I GO AGAIN ON MY OWN: PUTTING GRADUATED AUTONOMY INTO PRACTICE

Eleanor Sharp, MD MS; Kathryn Leyens, MD, University of Pittsburgh School of Medicine; Rebecca Blankenburgh, MD MPH, Stanford School of Medicine ; Benjamin Miller, MD; Catherine Polak, MD; John Szymusiak , MD MS, University of Pittsburgh School of Medicine; Whitney Browning, MD; Alison Herndon, MD, MSPH, Vanderbilt University Medical Center; Erika Friehling, MD MS; Katherine Watson, DO, University of Pittsburgh School of Medicine

The Accreditation Council for Graduate Medical Education expects trainees to achieve progressive independence throughout their medical training through graduated autonomy. Today's medical educators are tasked with the responsibility of advancing resident physicians towards this independent practice while also providing adequate supervision to ensure patient safety. Pediatric educators may struggle with striking the right balance between these goals. Fortunately, emerging evidence suggests that resident independent rounding can foster autonomy and trainee education without increased adverse patient events. This highly interactive session, facilitated by educators with diverse educational leadership roles from various institutions across the country, will address the common obstacles that can undermine autonomy and provide a framework for building a rounding system where residents and students round independently from attending physicians, using real life examples from two different institutions. Participants will begin by completing a guided self-reflection of how they provide trainees with autonomy in their day-to-day practice, with prompts to compare their responses with other participants. Acknowledging that there are pros and cons to independent rounding, we will engage in a debate in which workshop facilitators will respond to questions posed by a hospital administrator, all while soliciting audience input and perspective. Subsequently, we will review examples of systems-based changes that have promoted trainee autonomy, with particular emphasis on overcoming common obstacles. We will describe and apply self-determination theory and entrustment decision-making to principles of intrinsic motivation and autonomy, providing a foundation for participants to approach our clinical cases and their clinical practice. Finally, participants will work through real-life cases in small groups to apply the principles of autonomy to clinical scenarios. All attendees will leave the workshop with a toolkit to develop systems that foster resident autonomy at their own institutions.

THE COURAGEOUS ROAD OF REMEDIATION FOR PROFESSIONALISM: PAIN WITH A PURPOSE

Scott Vergano, MD; Sanaz Devlin, MD, Children's Hospital of The King's Daughters; Shareen Kelly, MD; Kheyandra Lewis, MD; Laurence Feinstein, MD, St. Christopher's Hospital for Children; Heather Newton, EdD, Eastern Virginia Medical School

Included in the ACGME definition of professionalism is commitment to compassion, integrity, sensitivity, and respect for patient autonomy, diversity, and the role of a physician. Trainees who have lapses in professionalism may go on to require remediation by their program leadership. One study of internal medicine programs noted that deficiencies in professionalism accounted for 41% of all resident remediations. Assessment of these residents is complex, nuanced, and often the least clear of all types of remediation.

In this workshop, we seek to encourage a dialogue regarding the optimal approach to trainees with professionalism issues. For both new and experienced program leadership, we review the process, including informal remediation, formal remediation, probation, and dismissal. Our discussion of the progression along this continuum will include steps to be taken at each level, as well as the guidelines and legal ramifications for both the program and the trainee at each step in the process.

After reviewing the process of remediation, we will use role-play and case scenarios to develop comfort with the mechanism and framework for approaching such learners. Our framework for assessment will include a discussion of representative symptoms that may provide clues to the underlying professionalism problem. We will use cases and discussion to explore the concept of diagnosing struggling trainees and creating a remediation program best suited to address their individual strengths and needs.

Our discussion will include multiple resources that we have found valuable in the remediation of professionalism issues including assessment tools, online resources, and specific articles useful for reflection exercises. Templates for use in creating a remediation plan, as well as an example of a completed template based upon one of our cases will be provided. By the end of the session, we hope that attendees will have a better understanding of the process, framework, and resources to use in remediating a trainee with professionalism deficiencies.

VALIDATED TOOLS ARE NOT THE ANSWER: DIFFERENT WAYS OF SEEING THE WORLD CAN AND SHOULD DRIVE YOUR ASSESSMENT APPROACH

Daniel Schumacher, MD, PhD, MEd, Cincinnati Children's Hospital Medical Center; Ariel Winn, MD, Boston Children's Hospital; David Turner, MD, American Board of Pediatrics

There are multiple ways to see the world, many of which are not necessarily 'right' or 'wrong' but rather just different. For example, social norms like tipping a server in a restaurant are very normal in some countries, and highly unusual in others. Neither of these perspectives are incorrect in the appropriate context, and this non-clinical example demonstrates how our worldview influences what we believe is truth and what we believe is real. Turning to assessment, "valid" assessment data is in the eye of the beholder. Consider how you would answer these questions: *Is competence objectively observable and measurable or is it determined by discussion amongst clinical competency committee members? Are there multiple ways of determining competence or just one? Is competence fixed, in flux, or context dependent?* Reasonable people differ in how they answer these questions, and there is no single answer to any of them. This session will explore how all of these people are right. As we work to improve assessment in pediatric residency and fellowship training through integrating the principles of competency-based medical education and entrustable professional activities, designing an equitable and defensible program of assessment is about determining how you, your program, and your clinical competency committee answer these questions and being sure to collect assessment data that matches your worldview AND focuses on the education outcomes that our patients need and deserve. Some programs might choose ratings only. Some programs might choose written comments only. Either of these approaches can be an acceptable approach to developing a program of assessment, and validity evidence that convinces one person may not convince another. Thus, a "validated tool" is a fantasy. Furthermore, regardless of your worldview and resultant assessment program, bias in assessment is a reality and any approach taken must actively incorporate strategies to mitigate and ultimately eliminate this bias. Approaches to assessment should instead focus on gathering data that leads to fair, defensible, and justifiable decisions, based on intentionally collected assessment data that aligns with worldview, regarding learner progression toward the ability to execute the activities that our patients need.

TELL YOUR STORY – AN ACTIVITY TO CHALLENGE CULTURAL PERSPECTIVES IN THE MEDICAL WORKPLACE

Tahira West, MD, Advocate Children's Hospital - Oak Lawn

Overview:

For the past 3 years, Advocate Children's Hospital - Oak Lawn's (ACH-OL) Pediatric Residency program has held a "*Tell Your Story*" event during didactic time as an open forum to learn about and from the experiences shared by colleagues. Open to both residents and attendings, the subsequent discussions touched upon a variety of topics including discrimination, racial injustice, and difficult conversations. This event stemmed from the 2020 uproar after multiple injustices were committed from the George Floyd killing to hate crimes against Asians from the pandemic. The event has evolved each year to now include a storytelling portion followed by a reflection activity. The goal is to allow the residents and attendings to advance their approach and response to inequities in the workplace.

Activity:

The ELS session will consist of two portions: 1. How to approach storytelling and 2. How to spark reflection through "What would you do?" scenarios. The goal for storytelling in the event is to gather speakers from different races, religions, sexual orientation, and cultures. The stories can draw from any experience highlighting an identity that personally aligns with the individual – from childhood experiences, workplace encounters where they have experienced or witnessed microaggressions or discrimination, to stories their families have shared, etc. Session attendees will reflect on who they can engage for this activity at their institution and what personal stories they may be able to share amongst their small group.

The second portion includes multiple choice questions reviewing scenarios in the workplace each asking, "What would you do?" The question gives you your identity. For example, "You are an atheist attending" or "You are a transgender resident." Each question then reviews a situation these identities face in the healthcare setting. There are no right answers, only common responses to the scenarios in question, and they are submitted anonymously. Session attendees will actively answer the questions and experience the discussion produced.

Conclusion:

The combination of listening to cultural differences followed by self-reflection is what made this activity a success at ACH-OL. We hope to expand this to other programs for continued cultural competency improvement for residents and faculty.

PRACTICE MAKES PROGRESS: USING SIMULATION TO ADDRESS IMPLICIT BIAS AND RACISM

Uchenna Ewulonu, MD; Zarina Norton, MD; Jennifer Trainor, MD, Ann & Robert H. Lurie Children's Hospital of Chicago/Northwestern University Feinberg School of Med; Catherine Michelson, MD, MMSc, Boston Medical Center; Amanda Gomez, MD; Lindsay Boles, MD; Emily Hogikyan, MD; Emily Switzer, MD, Ann & Robert H. Lurie Children's Hospital of Chicago/Northwestern University Feinberg School of Med

The murder of George Floyd sparked a renewed call to action centered around antiracism, equity and explicit allyship. However, despite best intentions, a lack of experience and comfort may impact healthcare providers' willingness to exhibit real-time allyship and antiracism when confronted with discriminatory words and actions. This is a critical barrier to institutional progress and individual growth as we strive toward health equity. Many implicit bias interventions focus on learning through didactics and small-group discussion but fall short of including opportunities for health care providers to practice allyship skills needed to impact everyday interactions with patients, families and team members. Practicing skills is needed for individuals to develop experience and comfort. To bridge this gap, we developed a simulation curriculum to teach and reinforce individual allyship skills that can be used when a healthcare provider is confronted with bias or racism.

In this highly interactive workshop, we will first discuss key terms related to anti-racism to promote a shared vocabulary, then teach skills needed to address implicit bias and racism in the workplace. After establishing a foundational knowledge base, we will enact workplace scenarios that involve implicit bias or racism. Using the micro-debriefing technique, facilitators will help participants analyze each scenario, identify bias, and utilize strategies to address bias in real-time. Participants themselves will then have the opportunity to practice allyship in a simulated case with guidance by facilitators. Finally, participants will reflect on how they can use these strategies to promote allyship and anti-racism at their own institutions.

FLOURISHING-FOCUSED ADVISING: HARNESSING MILESTONES 2.0 WELL-BEING ASSESSMENTS TO CULTIVATE TRAINEE THRIVING

David Vermette, MD, MBA; Katherine Gielissen, MD, MHS, Yale School of Medicine; John Luk, MD, University of Texas Dell Medical School; Benjamin Doolittle, MD, MDiv, Yale School of Medicine

In 2018, the Accreditation Council for Graduate Medical Education (ACGME) introduced "harmonized" Milestones to be used across specialties, including PROF-3 "Self-awareness and Help-seeking" (1). In Pediatrics, this milestone is represented in the revised milestones as PROF-4 "Well-being." The PROF-4 "Well-Being" milestone in Pediatrics is meant to assess the extent to which trainees are have insight into the institutional and personal factors that impact well-being. Given the well-established prevalence of burnout during and after residency training, the development of a subcompetency centered on well-being represents an important addition to the expectations for graduate trainees, and challenges programs to assess this multifaceted subcompetency (2).

Flourishing-focused advising (FFA) is a technique to assess and develop competence in trainee wellbeing in the revised milestones (2). In FFA, programs can build on the existing infrastructure of semiannual advisor and program director meetings to incorporate structured reflection on individual trainee well-being. During this process, the trainee completes a self-assessment of well-being and is prompted to consider the results through a reflective exercise before meeting with their advisor. This assessment is then used as a springboard for structured, intentional dialogue between the advisor and trainee during a semiannual review.

In this workshop, we will introduce attendees to the FFA framework, explore methods of engaging trainees in conversations about the systemic factors affecting their well-being, and introduce a structured technique to assess and develop competence in trainee wellbeing.

SEE ONE, DO ONE, TEACH ONE: QUICK TOOLS FOR TEACHING YOUR TRAINEES ABOUT MENTAL HEALTH

Elizabeth M. Chawla, MD, Medstar Georgetown University Hospital; Sue Poynter, MD, MEd, Cincinnati Children's Hospital Med Ctr; Kenya McNeal-Trice, MD, University of North Carolina, Chapel Hill; Ann Burke, MD, Dayton Children's Hospital/Wright State Uni; Keith Ponitz, MD, Rainbow Babies & Children's Hospital

As members of the pediatric medical education community, we are all acutely aware of the growing 'pediatric mental health crisis' across the US. Many in our community have risen to the occasion and implemented innovative programs and/or curricula to meet the care needs of our patients and educational needs of our pediatric trainees. However, despite efforts to strengthen our Mental/Behavioral Health (MBH) programs, many may feel stuck, wanting to make a difference but without the MBH experience or skill set to do so. Do you want to start addressing mental health in your patients, or be part of the culture change for your trainees, but don't really know where to start? Then this is the workshop for you! Come join this highly interactive workshop led by members of the Mental and Behavioral Health Learning Community of the APPD to improve your skills as a pediatric provider and educator. You'll learn about three simple tools for bringing mental and emotional health into the care of your patients, how to integrate these tools into your clinical teaching of residents and fellows, and have a chance to practice your new skills with our expert pediatric educators. You will leave this session with new ideas, new skills, new confidence, concrete resources for further learning, and an action plan for adding at least one new strategy for addressing pediatric mental health at your home institution. You don't have to be a mental health expert to make a difference, but it will take the whole village.

NAVIGATING THE CAREER CONTINUUM AS AN UNDERREPRESENTED IN MEDICINE MEDICAL EDUCATOR AND HOW APPD CAN SUPPORT YOU

Tyler K. Smith, MD, MPH, Children's Mercy Kansas City and the University of Missouri-Kansas City School of Medicine; Rashida Woods, MD, Virginia Commonwealth University; Candice Taylor Lucas, MD, MPH, University of California-Irvine School of Medicine and Children's Hospital of Orange County; Oriaku Kas-Osoka, MD, MEd, Kirk Kerkorian School of Medicine at UNLV; Alissa Darden, MD, Phoenix Children's and University of Arizona College of Medicine-Phoenix; Andria Tatem, MD, MEd, Children's Hospital of the King's Daughter; Tyree Winters, DO, Goryeb Children's Hospital; Jo-Ann Nesiama, MD, MS, University of Texas Southwestern Medical Center; Emma Omoruyi, MD, MPH, University of Texas Health Science Center at Houston; Lahia Yemane, MD, Stanford University School of Medicine

Medical educators begin their career trajectory as early as medical school progressing along the career continuum of residency and fellowship training through becoming a faculty physician. Throughout the continuum, physicians identified as leaders receive skills and training through mentorship, sponsorship, coaching, and networking. However, some medical educators are thrust into leadership positions (e.g., Associate and Program Director(s), with limited job onboarding and transition time. Often times, they may be the only underrepresented in medicine (UIM) leader leading to isolation, loneliness, and lack of support. The APPD can serve as a resource for creating a sense of community and belonging for medical educators as well as provide opportunities for collaboration, mentorship, and leadership development.

During this interactive session, participants will learn about different leadership roles within medical education along the continuum of their career and the unique challenges for those underrepresented in medicine. Through a guided panel discussion, UIM medical education leaders will provide insight and perspective about obtaining their position, how they continue to grow, develop, and evolve as a leader, pitfalls and barriers, and lessons learned. Panelists represent a diversity of residency and fellowship program leadership from across the United States with experience ranging from one to 10 plus years in medical education and active involvement in APPD. Leaders will provide participants with strategies on how to become and remain involved in APPD to create community and prevent professional isolation through networking techniques and scholarly collaborations.